

Maine State Archives <b>RECORD SERIES INVENTORY</b>	Archives Use Only (applies to new schedules)		
	Agency No.	Schedule No.	Series No.

Department	Bureau/Division	Date
Person to Contact	Telephone No.	Location of Records
Contact person's mailing address		

Series title
--------------

<p><b>Description of Records:</b> Why does the agency keep these records—what program or programs do they support? How are the records used, and by whom? What might be found in a typical file? <b>(Please include samples with inventory form; you may black out identifiable personal information if this raises confidentiality concerns. Also, please spell out all acronyms.)</b></p>
---

<p><b>Frequency of Use:</b> At what point does each file become "closed" as far as your business needs are concerned?</p> <p>How often will files need to be accessed once closed, agency retention is met and records are sent to the Records Center?</p>
--

How long do you need to store these records? <b>Standard retention times for paper records at the Records Center fall between 10 and 25 years.</b>		
In Your Agency	In the Records Center	Archives or Destroy (your recommendation)

What Statutes, laws, regulations or research information did you use to determine your retention periods (please state to give justifications)?
---

Are records confidential? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, which statutes or regulations apply?
---

Can the same information be found in other records? (If yes, please explain. It's important to know where the State would go to reconstruct records in case of disaster and also to know if there are duplicate records being retained as archival which are not vital records and if so why this is the case.)
---

Media Type: <input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Microfiche <input type="checkbox"/> Digital File <input type="checkbox"/> Photograph <input type="checkbox"/> Other _____
--

Arrangement: <input type="checkbox"/> Alphabetically <input type="checkbox"/> Chronologically <input type="checkbox"/> Geographically <input type="checkbox"/> Case number <input type="checkbox"/> Other _____
---

These records are retained by: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year or Other _____
---

<b>The chart below applies for those agencies doing an internal inventory. If you have the information, please provide.</b>
---

Date of Oldest File	Volume in Cubic Feet if Applicable	Annual Rate of Accumulation if Applicable	Filing and Storage Equipment (How are records stored)
---------------------	------------------------------------	---	---

Signature of Agency Records Officer (Other Agency Head – Please specify)	Date
--	------